Kansas Drug Utilization Review Newsletter

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Welcome to the fall 2011 edition of the "Kansas Drug Utilization Review Newsletter," published by Health Information Designs, Inc. (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Programs (KMAP).

Helpful Web sites	Helpful Numbers		In This Issue
KMAP Web site https://www.kmap-state-ks.us/ **KDHE-DHCF Web site** http://www.kdheks.gov/hcf/	**KMAP PA Help Desk** 1-800-285-4978 **ACS PA Help Desk** 1-877-475-7567 **ACS PA Fax** 1-866-246-8512	**Provider Customer Service** 1-800-933-6593 **Beneficiary Customer Service** 1-800-766-9012 **Pharmacy Help Desk** 1-866-405-5200	Pradaxa Special Storage and Handling Automated Prior Authorization PDL Update

Pradaxa Special Storage and Handling

In October 2010, Pradaxa was approved by the U.S. Food and Drug Administration (FDA) with special storage and handling requirements. Pradaxa capsules will hydrolyze over time when exposed to humidity, reducing the effectiveness of the medication due to breakdown of the active ingredient.

Recently, the FDA issued an alert about the importance of proper storage and handling of Pradaxa capsules. The Pradaxa label and Medication Guide explain the storage and handling requirements, but the FDA is concerned that these requirements are not commonly known and are not being followed by patients and pharmacies.

Many patients use medication boxes or organizers to aid them in taking their medications on the appropriate schedule. However, because of the potential for product breakdown and loss of potency, consumers should not store Pradaxa in any container other than the original manufacturer packaging. Additionally, pharmacies should only dispense Pradaxa in the original manufacturer packaging. Pharmacies should never repackage Pradaxa capsules in standard amber vials; keeping the capsules in the manufacturer packaging significantly reduces the product breakdown from moisture.

The manufacturer packaging for Pradaxa contains a 30-day supply with a desiccant in the cap to prevent moisture from breaking down the medication. The current package insert states that the product should be discarded 30 days after the original bottle is opened. However, information currently being reviewed by the FDA indicates that the product maintains potency up to 60 days after the bottle is opened, as long as it is stored in the original bottle and the handling requirements are met. These include closing the cap tightly after each use and keeping the bottle away from excessive moisture, heat, and cold.

Patient Counseling Information for Storage and Handling:

- Keep Pradaxa capsules in the original bottle to protect the product from moisture.
- Open only one bottle of Pradaxa at a time. Once a bottle is opened, it must be used within 60 days.
- Remove only one capsule from the bottle at the time of use and immediately close the bottle tightly.
- Date the bottle to expire 60 days after opening.
- Do not store Pradaxa capsules in medication boxes or organizers.

References:

Food and Drug Administration. Pradaxa (dabigatran etexilate mesylate) capsules: Special Storage and Handling Requirements. March 30, 2011. Retrieved from http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm249005.htm

PL Detail-Document, Extended Storage Time for Pradaxa (Dabigatran). Pharmacist's Letter/Prescriber's Letter. May 2011.

Automated Prior Authorization

In August 2011, the Kansas Medical Assistance Program (KMAP) began processing pharmacy point of sale (POS) claims through a new automated prior authorization (PA) system. The new system—SmartPA℠—is administered by Affiliated Computer Services, Inc. (ACS). KMAP's pharmacy PAs are processed electronically using preset criteria rules compiled through the collaborative efforts of KMAP stakeholders, including the DUR Board.

When a beneficiary presents a prescription to a pharmacy, the provider submits the claim for adjudication. This involves reviewing the claim against any applicable PA criteria, as well as the beneficiary's previous pharmacy and medical claim history, and returning the outcome to the pharmacy. Most prescriptions are reviewed at the POS in less than a second with no involvement of call center or administrative staff. Pharmacies receive a PA determination for the claim at the time of billing, which allows payment for the drug or directs the pharmacy to contact ACS if additional information is needed. ACS operates a PA call center to process claims that do not meet the automated PA criteria.

In addition to processing requests at the point of sale, PA requests may be submitted to the PA call center by telephone and fax. These requests are finalized within 24 hours of receipt and the provider is notified of the outcome after the review is complete. The provider and beneficiary are also notified in writing if the request is denied.

These changes are designed to streamline the PA process and reduce the amount of time or level of effort required by providers to obtain approval of services.

The KMAP PA unit will continue to process PA requests for the following:

- Medications administered in a physician's office
- Hospice medications not covered by the hospice provider
- Medication requests related to presumptive eligibility
- Non-covered AIDS Drug Assistance Program (ADAP) medications
- Medications billed by an out-of-state pharmacy
  - If related to a traumatic brain injury rehabilitation facility
  - If a child must stay out-of-state following a transplant
- Non-covered KAN Be Healthy medications

Providers who need to request a PA in these situations should continue to contact the KMAP PA Department.

KMAP Prior Authorization Department
Phone: 1-800-285-4978 or 785-274-5956 (local)
Fax: 1-800-913-2229
Hours of operation: Monday through Friday, 7:30 a.m. to 5:30 p.m. CST

ACS Prior Authorization Call Center
Phone: 1-877-475-7567
Fax: 1-866-246-8512
Hours of operation: Monday through Friday, 7:30 a.m. to 6:30 p.m. CST

References:

Xerox Corporation and Affiliated Computer Services, Inc. (2011). Automated Prior Authorization. *Process Claims for Less,* page 1.

Kansas Medical Assistance Program. (2011, July 15). Pharmacy and Professional, Pharmacy Prior Authorization. Retrieved from https://www.kmap-state-ks.us/Documents/Content/Bulletins/11080%20-%20Pharmacy%20&%20Pro%20-%20Enhanced%20PA.pdf.

Want to Provide Feedback?

The Division of Health Care Finance would like to encourage feedback regarding the new automated prior authorization program. Any feedback can be e-mailed to:

PriorAuthorization@kdheks.gov

Preferred Drug List

Below is a list of current preferred agents. A complete list of both preferred and non-preferred agents may be found on the KDHE-DHCF Web site. The Preferred Drug List may be updated at any time; please visit the KDHE-DHCF Web site for the most recent version.
http://www.kdheks.gov/hcf/pharmacy/pharmacy_druglist.html

Allergy Agents
Non-Sedating Antihistamines
Claritin® (loratadine)
Zyrtec® (cetirizine)

Analgesics
Long-Acting Opioids
Morphine Sulfate ER
-Generics Only
OxyContin® (oxycodone SR)

Muscle Relaxants (Skeletal)
Flexeril 10mg® (cyclobenzaprine)
Parafon Forte DSC® (chlorzoxazone)
Robaxin® (methocarbamol)
Robaxin-750® (methocarbamol)
Robaxisal® (methocarbamol/aspirin)

Muscle Relaxants (Spasticity)
Lioresal® (baclofen)
Zanaflex® (tizanidine)
-Tablets Only

Oral NSAIDs
Advil® (ibuprofen)
Aleve® (naproxen)
Anaprox® (naproxen sodium)
Anaprox DS® (naproxen sodium)
Ansaid® (flurbiprofen)
Arthrotec® (diclofenac/misoprostol)
Cataflam® (diclofenac potassium)
Clinoril® (sulindac)
Daypro® (oxaprozin)
EC-Naprosyn® (naproxen)
Feldene® (piroxicam)
-Brand Name Only
Indocin® (indomethacin)
Lodine® (etodolac)
Meclomen® (meclofenamate)
Mobic® (meloxicam)
Motrin® (ibuprofen)
Motrin IB® (ibuprofen)
Nalfon® (fenoprofen)
Naprelan® (naproxen sodium)
Naprosyn® (naproxen)
Orudis® (ketoprofen)
Orudis KT® (ketoprofen)
Oruvail® (ketoprofen)
Ponstel® (mefenamic acid)
Toradol® (ketorolac)
-Limit 5 Day Supply
Tolectin DS® (tolmetin)
Tolectin 600® (tolmetin)
Voltaren® (diclofenac sodium)
Voltaren XR® (diclofenac sodium)

Topical NSAIDs
Voltaren® (diclofenac sodium, topical)

Triptans
Amerge® (naratriptan)
Imitrex® (sumatriptan)
-including all generic dosage forms
Maxalt® (rizatriptan)
Maxalt MLT® (rizatriptan)
Relpax® (eletriptan)

Antihyperlipidemics
Fibric Acid Derivatives
Fenofibrate
-Generics Only
Lopid® (gemfibrozil)
TriCor® (fenofibrate)

Statins
Lipitor® (atorvastatin)
Zocor® (Simvastatin)

Anti-Infectives
Anti-Herpes Virus Agents
Valtrex® (valacyclovir)
Zovirax® (acyclovir)
-Oral Dosage Forms Only

Biologic Agents
Crohn's Disease
*Clinical PA may be required
Humira® (adalimumab)
Remicade® (infliximab)

Adult Rheumatoid Arthritis
*Clinical PA may be required
Enbrel® (etanercept)
Humira® (adalimumab)

Ankylosing Spondylitis
*Clinical PA may be required
Enbrel® (etanercept)
Humira® (adalimumab)

Juvenile Idiopathic Arthritis
*Clinical PA may be required
Enbrel® (etanercept)
Humira® (adalimumab)

Plaque Psoriasis
*Clinical PA may be required
Humira® (adalimumab)
Remicade® (infliximab)

Psoriatic Arthritis
*Clinical PA may be required
Humira® (adalimumab)
Remicade® (infliximab)

Ulcerative Colitis
*Clinical PA may be required
Remicade® (infliximab)

Cardiovascular Agents
ACE Inhibitors
Accupril® (quinapril)
Capoten® (captopril)
Lotensin® (benazepril)
Monopril® (fosinopril)
Prinivil® (lisinopril)
Vasotec® (enalapril)
Zestril® (lisinopril)

ARBs
Cozaar® (losartan/HCTZ)
Diovan® (valsartan)
Diovan HCT® (valsartan/HCTZ)
Hyzaar® (losartan)
Micardis® (telmisartan)
Micardis HCT® (telmisartan/HCTZ)

Beta-Blockers
Betapace® (sotalol)
Betapace AF® (sotalol AF)
Blocadren® (timolol)
Corgard® (nadolol)
Coreg® (carvedilol)
Coreg CR® (carvedilol CR)
Inderal® (propranolol)
InnoPran XL® (propranolol XL)
Kerlone® (betaxolol)
Lopressor® (metoprolol tartrate)
Propranolol Intensol® (propranolol)
Sectral® (acebutolol)
Tenormin® (atenolol)
Toprol XL® (metoprolol succinate)
Visken® (pindolol)

CCBs (Dihydropyridines)
Adalat CC® (nifedipine ER)
Cardene® (nicardipine IR)
DynaCirc® (isradipine IR)
DynaCirc CR® (isradipine CR)
Norvasc® (amlodipine)
Procardia XL® (nifedipine ER)

ACE Inhibitor/CCB Combos
Lotrel® (benazepril/amlodipine)

Cardiovascular Agents
CCBs (Non-Dihydropyridines)
Calan® (verapamil IR)
Calan SR® (verapamil SR)
Cardizem® (diltiazem IR)
Covera HS® (verapamil ER)
-Brand Name Only
Diltia XT® (diltiazem SR)
-& AB Rated Generics
Isoptin SR® (verapamil SR)
Tiazac® (diltiazem)
-& AB Rated Generics
Verelan® (verapamil SR)

ARB/CCB Combos
Exforge® (amlodipine/valsartan)

Central Nervous System
Adjunct Antiepileptics
Keppra® (levetiracetam)
Lyrica® (pregabalin)
Neurontin® (gabapentin)
Zonegran® (zonisamide)

Non-Benzo Sedative Hypnotics
Zolpidem
-Generics Only

Novel Sleep Agents
Rozerem® (ramelteon)

Diabetic Agents
Alphaglucosidase Inhibitors
Glyset® (miglitol)

Biguanides
Glucophage® (metformin)
Metformin ER
-Generics Only

DPP-4 Inhibitors
Januvia® (sitagliptan)
Onglyza® (saxagliptan)

Meglitinides
Starlix® (nateglinide)

Insulin (Delivery Systems)
All Multi-dose vials

Long-Acting Insulins
Lantus® (insulin glargine)
-Vials Only

2nd Generation Sulfonylureas
Amaryl® (glimepiride)
DiaBeta® (glyburide)
Glucotrol® (glipizide)
Glucotrol XL® (glipizide XL)
Glucovance® (glyburide/metformin)
Glynase PresTab® (glyburide micronized)
Micronase® (glyburide)

Thiazolidinediones
Actos® (pioglitazone)
Avandamet® (rosiglitazone/metformin)
Avandaryl® (rosiglitazone/glimepiride)
Avandia® (rosiglitazone)

Gastrointestinal Agents
Serotonin 5HT3 Antagonists
Zofran® (ondansetron)
Zofran ODT® (ondansetron)

Pancreatic Enzyme Replacements
Creon® (pancrelipase)
Zenpep® (pancrelipase)

Proton Pump Inhibitors
Dexilant® (dexlansoprazole)
Prevacid® (lansoprazole)
Prevacid SoluTab® (lansoprazole)
Prilosec® (omeprazole)

H_2 Antagonists
Pepcid® (famotidine)
Zantac® (ranitidine)
Zantac EFFERdose® (ranitidine)

Gout Agents
Xanthine Oxidase Inhibitors
Zyloprim® (allopurinol)

Injectables
Erythropoiesis Stimulating Agents
Procrit® (epoetin alfa)

Growth Hormones
*Clinical PA is required for all agents
Genotropin® (somatropin)
Genotropin MiniQuick® (somatropin)
Saizen® (somatropin)
Tev-Tropin® (somatropin)

Nasal Agents
Intranasal Antihistamines
Astelin® (azelastine)

Intranasal Corticosteroids
Flonase® (fluticasone)
Nasonex® (mometasone)
Veramyst® (fluticasone)

Ophthalmic Agents
Ophthalmic Antihistamine/Mast Cell Stabilizer Combos
Alaway® (ketotifen)
Refresh® (ketotifen)
Zaditor® (ketotifen)

Ophthalmic Prostaglandin Analogs
Travatan® (travoprost)
Travatan Z® (travoprost)
Xalatan® (latanoprost)

Ophthalmic NSAIDs
Acular® (ketorolac)
Acular LS® (ketorolac)
Acuvail® (ketorolac)
Ocufen® (flurbiprofen)
Voltaren® (diclofenac)

Osteoporosis Agents
Bisphosphonates
Fosamax® (alendronate)
Fosamax Plus D® (alendronate/cholecalciferol)

Respiratory
Inhaled Corticosteroids
Flovent Diskus® (fluticasone)
Flovent HFA® (fluticasone)
Pulmicort Respules® (budesonide)
-6 & Under Only
QVAR® (beclomethasone)

Inhaled Long Acting Inhaled $Beta_2$ Agonists
Foradil® (formoterol)
Serevent® (salmeterol)

Inhaled Long Acting Inhaled $Beta_2$ Agonists/Corticosteroid Combos
Advair® (fluticasone/salmeterol)
Advair HFA® (fluticasone/salmeterol)
Dulera® (formoterol/mometasone)
Symbicort® (budesonide/formoterol)

Inhaled Short Acting Inhaled $Beta_2$ Agonists
ProAir HFA® (albuterol)
Proventil® (albuterol)
Ventolin® (albuterol)
Ventolin HFA® (albuterol)

Urologic Agents
Anticholinergics
Detrol® (tolterodine)
Detrol LA® (tolterodine LA)
Ditropan® (oxybutynin)
Toviaz® (fesoterodine)
Vesicare® (solifenacin)

Health Information Designs, Inc. (HID) was founded in 1976 with a mission to provide drug utilization review (DUR) services for state Medicaid agencies. In 1997, HID was acquired by HDI Solutions and subsequently has experienced strong and steady growth as a premium healthcare and pharmacy support services provider.

Currently, HID works with government agencies in 27 states, including Medicaid agencies and Boards of Pharmacy. HID's efforts in these states monitor, manage or administer more than one-third of the nation's Medicaid budget. The work performed by HID has a daily impact on the healthcare of more than 66 million Americans.

HID currently lists among our clients 17 state Medicaid programs, 14 state health department programs, and several commercial pharmacy benefit management (PBM) organizations. To serve this geographically-widespread client base, in addition to our home offices in Auburn, Alabama, we have staff in Arkansas, Connecticut, Kansas, Maryland, Mississippi, Texas and Wisconsin.

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